



# Important Update

## PHYSICIAN and PHARMACY Providers

**Preferred Drug List (PDL) changes for the State of Georgia Fee-For-Service MEDICAID and PeachCare for Kids programs**

**EFFECTIVE October 1, 2008**

### **Phase IV PDL Changes**

As communicated in the past, the Georgia Department of Community Health (DCH) is revising the current PDL for maximum clinical and cost effectiveness due to the continued growth in drug expenditures. Listed below are the preferred products in the therapeutic categories impacted by this revision of the Preferred Drug List. *All current quantity level limitations apply.*

<b>Atypical Antipsychotics</b>	
<b>Preferred Agents</b>	<b>Non-Preferred Agents- Prior Authorization Required</b>
Geodon	Abilify
Invega	Clozaril (brand only)
Risperdal Solution	Risperdal Consta
Risperdal Tablets	Risperdal M-Tabs
Seroquel	Symbyax
Seroquel XR	Zyprexa
	Zyprexa Zydis
	<b>Non-Preferred Agents- Prior Authorization NOT Required</b>
	Clozapine
	Fazaclo
	Zyprexa Injectable
<b>ACE Inhibitors</b>	
<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
All generic ACE Inhibitors except Ramipril Capsules	All branded ACE Inhibitors with generics available except Altace Capsules
Altace Capsules	Aceon
	Altace Tabs
	Ramipril Caps

<b>ACE Inhibitors with Diuretic Combinations</b>	
<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
All generic ACE Inhibitor/Diuretic Combinations	All branded ACE Inhibitors w/Diuretics with generics available
<b>ACE Inhibitors with Calcium Channel Blocker Combinations</b>	
<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Lexxel	Amlodipine/Benazepril
Lotrel	
Tarka	
<b>Alpha Blockers for Benign Prostatic Hyperplasia (BPH)</b>	
<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Flomax	none
Uroxatral	
<b>Androgen Hormone Inhibitors</b>	
<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Avodart	Finasteride
Proscar	
<b>Cephalosporins – 3<sup>rd</sup> Generation</b>	
<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Cedax Suspension (patients ≤12 or ≥ 65 years of age only)	Cedax Suspension (non-preferred for patients >12 and < 65 years of age)
Suprax Suspension (patients ≤ 12 and ≥ 65 years of age only)	Suprax Suspension (non-preferred for patients > 12 and < 65 years of age)
Cedax Capsule	Omnicef
Cefdinir	Suprax Tablet
Cefpodoxime	Vantin
Spectracef	
<b>Macrolides - Adult</b>	
<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Azithromycin	Biaxin
Clarithromycin	Biaxin XL
Clarithromycin ER	Zithromax
E.E.S. 400	Zmax
Ery-C	Z-Pak
Ery-tab	Zithromax Tripak
Erythrocin	
Erythromycin	
PCE	

<b>Macrolides - Pediatric</b>	
<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Azithromycin Suspension	Biaxin Suspension
Clarithromycin Suspension	Zithromax Suspension
EryPed	
Erythromycin	
<b>Quinolones</b>	
<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Avelox	Cipro/XR
Avelox ABC Pack	Factive
Cipro Suspension	Floxin
Ciprofloxacin	Levaquin
Ofloxacin	Noroxin
	ProQuin XR